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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1930.

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County School Medical Officer.

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To the Chairman and Members of the Education Committee of the Somerset County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Twenty-second Annual Report as School Medical Officer.

The report is on similar lines to those of previous years and shows the very extensive work done. Most of it is a record of the regular progress of the work, medical inspection, dental treatment, dealing with special defectives, and the like. The benefit to the health of the children is obvious.

The chief developments during the year were in extending and improving the orthopædic and posture work. Provision for treatment for suitable cases of rheumatic heart disease was also arranged, a new development.

The arrangement of the tables is the same as last year, and they are in the form asked for by the Board of Education.

I have to thank the various Medical and Dental Officers for their valuable co-operation.

I am,

Your obedient Servant,

WILLIAM G. SAVAGE.

Health Department,
Somerset County Council,
February, 1931.

ORGANISATION.

Dr. T. S. Stirling replaced Dr. Weaver (apart from a short period when Dr. Williamson was Assistant Medical Officer) taking up his duties 3rd March, 1930. Dr. Brooks left the service of the County Council, Dr. W. S. Slater taking his place from November 1st, 1930. The other medical and dental officers were as in the previous year.

MEDICAL INSPECTIONS CARRIED OUT.

The number of Elementary Schools is 459 with 518 departments. The average attendance during the year ending 31st March, 1930, was 38,490.

	Urban.	Rural.	Total.
Council Schools	27	116	143
Voluntary Schools	36	280	316
Total ...	63	396	459

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,163. The number of children inspected was 22,823, a decrease of 1,665 from the previous year. The figures for the different groups are set out in Table I. (at end of Report).

The number of children inspected, exclusive of re-inspections, was 14,719. The number of children re-inspected during the year was 8,104, compared with 8,326 in the previous year. This is exclusive of the cases referred to the School Oculist. The number of inspections in each district under the different groups examined is shown in Table VII. (at end of Report).

All the schools were visited during the year. The percentage of parents present at routine inspections was 55.5, which is above the average. Pressure of other work only allowed a second visit to the schools to be made in a minority of cases.

EXAMINATION OF BURSARS, SUPPLEMENTARY TEACHERS, ETC.

Bursars.—The results of these examinations during the year are set out below :—

	Boys.	Girls.	Total.
Number accepted without qualification ...	6	11	17
Number provisionally accepted subject to treatment being obtained for :—			
Defective vision	—	2	2
Dental defects	3	4	7
Dental defects and flat foot	1	—	1
Flat foot	1	—	1
Enlarged tonsils	—	2	2
Number examined	11	19	30

All the candidates needing treatment obtained it and were subsequently accepted.

Supplementary Teachers.—In accordance with the requirements of the Board of Education, 23 women teachers were examined at various times during the year and graded as follows:—

A.1.—In good health, and free from defects	14
A.2.—In good health, but with slight physical defects	9
B.1.—In good health, but with defects likely to shorten period of service	0
B.2.—In good health, but with defects interfering with their efficiency	0
B.3.—In temporary sub-normal health	0
C. —Unfit	0
	23

Treatment for dental caries was conditional in four cases.

The defects most frequently found were, as usual, dental caries and errors of refraction. Various minor defects were noted in five cases.

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1930 are set out in Tables II., III. and VI., which are on the same lines as last year and in the form recommended by the Board of Education.

Some of the chief percentage figures given in Table VI. are nutrition, bad or below normal, 6.6; defective hearing, 1.2; ear disease, 1.6; skin disease, 0.5; adenoids, slight, 5.5, severe, 0.8; considerably enlarged tonsils, 4.6; defective speech, 1.0; dental disease, 69.3; organic heart disease, 0.3; anæmia, 2.5; pulmonary tuberculosis, definite, 0.1, suspected, 0.4. These percentages are very similar to those recorded in previous reports.

Defective Vision.—Defects are recorded for 29.3 per cent. of the children, as shown in Table VI. This includes all degrees of defect, and is not very helpful without explanation. The percentage prevalence of defects amongst two group classes is set out below. "Slight defect" includes visual acuity of 6/9 and 6/12 and "marked defect" any greater degree of vision defect.

	8 years old.			Leavers.			Total Routine. (8 years and over).		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Slight defect ...	20.8	23.5	22.2	12.2	14.0	13.1	16.5	18.8	17.7
Marked defect...	7.0	8.2	7.6	7.0	8.3	7.6	7.0	8.3	7.7

The percentages for the 8 year old children and the "Leavers" group represent the proportion of slight and marked eye defects amongst the children. The figures for the entrants are not given as they merely represent the proportion found with defective sight amongst those presented by the teachers as with possibly defective eyesight, since entrants are not examined for eye defects as a routine measure. The number of children so presented fluctuates greatly.

During the year, 1,919 elementary school cases were examined by the Oculist, 883 being re-examinations. In 1,024 of the 1,036 new cases errors of refraction were present. The nature of the defects found are given in the following tables:—

Errors of Refraction.	BOYS.				GIRLS.				Totals.
	Under 8.	8-9	12 & over	Other Ages.	Under 8.	8-9	12 & over	Other Ages.	
Hypermetropia	79	58	50	86	80	50	47	103	553
Hypermetropic astigmatism ...	19	49	13	44	31	41	16	47	260
Myopia	3	13	7	9	3	7	16	8	66
Myopic astigmatism	3	8	6	9	8	13	5	5	57
Mixed astigmatism	6	15	0	11	5	16	3	9	65
Heterometropia	1	5	3	3	1	3	2	5	23
Total ...	111	148	79	162	128	130	89	177	1024
Re-examination cases	53	37	123	198	47	58	150	217	883
Cases without error of refraction	2	2	0	1	2	2	2	1	12

		Boys.	Girls.	Totals.
Disorders of Mobility.	Convergent strabismus	80	95	175
	Alternating strabismus (mainly convergent)	3	3	6
	Divergent strabismus	5	9	14
	Nystagmus	3	4	7
Pathological changes of Eye due to accident or disease.	Of Conjunctiva	5	0	5
	,, Cornea	11	7	18
	,, Sclerotic	2	0	2
	,, Iris and ciliary body	0	4	4
	,, Lens	1	0	1
	,, Vitreous	0	0	0
	,, Choroid and retina	2	3	5
	,, Optic Nerve	0	0	0
Diseases of Adnexa of the Eye.	Of Eyelids	30	26	56
	,, Lachrymal apparatus	0	0	0
Congenital Disorders of the Eye.	Globe as a whole	0	0	0
	Cornea (conical chiefly)	0	0	0
	Sclerotic (blue)	1	0	1
	Iris and ciliary body	1	3	4
	Lens { Dislocation	1	0	1
	Lens { Cataract	4	0	4
	Choroid and retina	0	1	1
	Optic Nerve	1	0	1
	Lack of pigment	1	0	1
	Eyelids	2	4	6
Headaches, and other reflex nerve symptoms associated with visual defects		122	144	266
Cases considered unsuitable for instruction in Elementary Schools and certified as "Blind"		1	2	3

In addition the County Oculist examined 111 Secondary School scholars, 1 Bursar, 9 mental deficient persons (6 from Sandhill Park), 6 persons for suitability for training as blind, 52 pre-school children for squint and 3 other persons referred to him. Six days' work, with 81 cases, was done for the Bridgwater Urban Education Authority.

MEDICAL TREATMENT AND FOLLOWING UP.

In previous reports an extended account was given of the means employed in the County for providing treatment for defects found at Medical Inspection. These need not be recapitulated as no material changes have been made.

During the year 1,141 new cases were referred to the Care Visitors. Arrangements have now been made with 153 Nursing Associations, an increase of 1 during the year. Inspections in 443 schools were attended by District Nurses. 1,015 inspections were attended by these nurses, and 2,611 cases were referred to them for home visits. Their reports state that 8,021 home visits were paid to these cases.

Their reports upon the 2,611 cases referred to them for home visits show that in 1,099 cases (42 per cent.) medical treatment had been obtained, and 234 cases (9 per cent.) were under treatment by the nurse; in 638 cases (25 per cent.) no treatment was obtained; 556 cases (21 per cent.) were under supervision; and in the remaining 84 cases (3 per cent.) visits had yet to be made at the time the reports were received.

During the year 722 cases of slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, were reported for breathing exercises in the schools under the direction of the teachers. Directions to parents and teachers as to treatment were given in 2,267 cases (17 per cent.) and for observation in 1,703 cases (13 per cent.) During the past year grants of milk, malt and oil or Parrish's Food were made to 303 children at a total cost of approximately £54. Every child is selected on medical grounds.

The methods of treatment for special defects described in previous reports were maintained. The following defects may be specially mentioned:—

TONSILS AND ADENOIDS.

A scheme for securing operative treatment for Tonsils and Adenoids at certain approved hospitals was started in 1920. Last year 291 recommendations were issued, and 273 operations performed. The cost of these operations was £493 10s. 0d., of which sum £32 9s. 6d. was refunded by the parents, leaving a balance of £461 0s. 6d. to be paid by the County Education Committee. Eighteen recommendations are outstanding involving a further sum of about £33.

The demands for assistance continue to grow, partly owing to careful "following up" of children suffering from enlarged tonsils and adenoids, but more particularly owing to the difficulty of securing operative treatment at the smaller Voluntary Hospitals, either by subscribers' tickets or through the various Hospital Contributory Schemes.

TUBERCULOSIS.

During the year 63 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 62 suspected cases amongst those specially presented. Twenty-three cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the 125 cases referred to the Tuberculosis Officers and examined, 9.6 per cent. were found to be definite cases, and a further 9.6 per cent. were marked as suspicious cases of tuberculosis.

Quantock Summer Camp. The Summer Camp in the grounds of the Quantock Sanatorium was again held during the year and on very similar lines to the Camps in 1924-29. Great care was taken in selecting the children and they were picked out by the Medical Inspectors and the Tuberculosis Officers right throughout the year, the list being revised and the children finally selected a few weeks before the Camp opened.

Forty girls were at the Camp from July 16th to August 13th, and forty boys from August 16th to September 12th, a period of four weeks for each group. The children were regularly weighed and medically inspected while at the Camp. The benefit to the children was marked. The average gain in weight for the girls was 6¾ lbs. and for the boys 5¾ lbs. As before, the Camp was run mainly by voluntary help. The total expenditure was £229, of which £170 was for food. The children were well fed and the cost for food for children and staff worked out at 16.7 pence per head per day. Each child on the basis of a four weeks' holiday cost £3, including everything. The Education Authorities of Taunton, Yeovil and Bridgwater repaid £86 14s. 0d.

RHEUMATIC HEART DISEASE.

The scheme which was outlined in my two previous reports has been in operation during the whole of 1930.

Under the scheme we get accurate diagnosis as to which children are true rheumatic heart cases, we try and get earlier recognition of this condition, many cases being overlooked in the early stages, and in particular investigation is undertaken into the environmental conditions with a view to discovering the factors which lead to acute rheumatism. A further aim is to obtain treatment for these cases in institutions where that is considered necessary.

The Orthopædic Hospital at Winford, mainly provided for Bristol cases, was opened during 1930 and offers facilities for the treatment of these heart cases. The Education Committee authorised the admission of a certain number of cases and during the year two patients were admitted. Since these children will be there for a prolonged period great care is necessary over their selection.

During 1930 five Heart Clinics were held as follows:—

Centre.	Number of Clinics held.	Cases examined.			
		County.	Taunton.	Bridgwater.	Total.
Glastonbury	1	14	—	—	14
Radstock	1	12	—	—	12
Taunton	2	30	—	—	30
Weston-super-Mare ...	1	16	—	—	16
Totals	5	72	—	—	72

These children have been grouped as follows:—

Suffering from rheumatic heart disease	25
Suffering from congenital heart disease	13
Not suffering from heart disease, doubtful cases, or cases under observation	34
	72

The diagnosis of a good many cases has been cleared up and in a number of instances children who have been stopped all games, etc., have been allowed to resume normal school life.

The most important part of the research is the detailed investigation of the home and other conditions to try and throw some light on the causation of the disease. Cases up to the end of 1930 have been very carefully investigated while the cases not due to rheumatic heart disease have been as fully investigated, to use as controls for comparison. Excluding doubtful cases still under observation (to be included in later years) 24 rheumatic heart cases and 30 control cases have been so studied during the year.

For three years careful investigation of the house and other conditions of the home has been undertaken, with the hope that it might be possible to find out factors of importance in the causation of rheumatic heart disease. To enable proper comparisons to be drawn a number of other comparable cases were selected as controls. The Health Visitors investigating the environmental conditions were not informed which were controls and which were rheumatic heart cases. These particulars are entered upon one form and subsequently they are summarised for each case upon another form, and to ensure uniformity I made every such summary myself. This work is part of a large inquiry on uniform lines covering the Counties of Gloucester, Somerset and Wilts, Bristol and Bath. Deductions as to any relationship to environmental factors must be deferred until the evidence from the whole of this area can be tabulated.

The figures for Somerset for this three-year period include 158 cases of rheumatic heart diseases and 141 cases investigated as controls. The following table shows some of the percentage differences in the two groups. They are rather disappointing in that they show few significant differences.

Conditions investigated.	Percentage Rheumatic Heart Group.	Percentage Control Group.
House: Markedly damp	15.6	12.3
Slightly damp	20.9	33.3
Defective ventilation	63.5	54.4
Defective light or sunlight	8.5	5.7
Overcrowded	18.5	18.6
Site: Low-lying	22.4	21.6
In close proximity to water-courses	20.0	25.7
Family circumstances: Comfortable	23.4	24.1
Adequate	50.0	47.5
Straitened	26.6	28.4
Adequate mid-day meal	83.3	80.0
Defective nutrition	12.1	23.0
Enlargement of tonsils	37.0	22.1
Adenoids	15.4	14.4

VISION AND EYE DEFECTS.

The cases of defective vision include those with slight defects which require no special treatment, and cases of decided impairment of vision or with definite symptoms of eye strain which are referred to the School Oculist. During 1930 the School Oculist examined 1,036 new cases and prescribed glasses in 967.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Eighty-eight per cent. of the children summoned to the different eye centres attended. Of the remaining 12 per cent., the majority attended on being again sent a notice.

During 1930 the five shillings charged for spectacles was received from 1,277 parents, while in 172 cases (as compared with 180 in 1929) the cost or part of it was provided out of County funds. The expenditure involved was £30 19s. 6d., as compared with £32 8s. 6d. in 1929. Necessitous cases requiring free repairs to frames or new lenses, etc., cost the Committee £3 10s. 6d. No payments were made in carrying out the resolution of the Education Committee to pay charges for repairs above 2s. 6d. The present charge for spectacles is now rather more than their actual cost, and during the year this gave a profit of £57 16s. 6d. £34 10s. 0d. was lost on repairs and for free glasses, and £14 16s. 3d. on eye-shades. The receipts for eye material, therefore, was £9 15s. 2d. above the cost.

During the year 1,449 new pairs of spectacles were supplied, while 959 pairs previously ordered were repaired, or new lenses were fitted to old frames. Children provided with spectacles are re-examined by the Medical Inspectors at their next visit to see that the spectacles fit and have not been bent out of shape. If necessary the children are referred back to the School Oculist.

Of the 1,036 new cases examined, 195 were suffering from squint. Glasses were prescribed in 190 cases and obtained in 183. In 5 instances spectacles were not required, treatment by shading, etc., being advised. Eye shades were provided in 70 cases.

DENTAL DEFECTS.

The Dental Scheme only deals with children of selected special ages. Children found at Medical Inspections to have defective teeth are not treated by the School Dentists unless they come under the Scheme. They are referred for treatment as for other defects, *i.e.*, the parents are informed, the School Care Visitors have case sheets, etc. Three dentists were at work throughout the year. The figures set out show that 47 per cent. of the children passed through their hands.

Children examined and Schools included.

District.	Number of Schools.	Number of Schools included.	Number of days worked.	Children examined.		Children treated.	
				Ages included in Scheme.	Other Ages.	Ages included in Scheme.	Other Ages.
ridge Union	45	29	35	1,152	—	801	—
ton-super-Mare	6	6	37	992	2	696	—
Rural	17	17	24	575	5	417	5
gwater Rural ...	38	33	42	1,133	—	962	—
rd Union ...	28	24	45	1,280	1	1,071	1
ton Union ...	32	32	82	2,460	—	1,764	—
verton Union ...	13	12	10	307	—	246	—
me Union ...	26	26	42	1,181	4	860	3
nsham Union ...	10	5	5	166	—	112	—
gport Union ...	24	17	19	543	—	444	—
g Ashton Union	33	32	52	1,455	—	1,031	—
pton Mallet Union	25	*27	32	892	3	652	3
nton Rural ...	29	29	37	1,033	1	866	1
llington Union ...	18	18	35	976	5	829	3
ls Union ...	26	26	40	1,027	—	739	—
liton Union ...	31	30	43	1,134	1	949	—
icanton Union ...	27	*33	51	1,327	1	921	1
vil Rural ...	31	14	8	257	—	196	—
	459	410	639	17,890	23	13,556	17

*Eight schools in the County were inspected twice in the year.

The ages of the 17,890 children who were examined under the scheme were 281 (5 years), 3064, 3003, 3005, 2763, 2218, 1393, 1057, 988 and 118 (14 years).

The treatment given to the 13,573 children was as follows:—

Extractions (temporary)	17,324
,, (permanent)	735
Fillings (temporary 815; permanent 9,550) ...	10,365
Other treatment (scaling)	27

	No treatment required.			Cases requiring treatment.						
	Number of Cases.	No previous treatment.	Previously treated.	Number of Cases.	Extraction temp. only.	Extraction perm. only.	Fillings only.	Extraction and fillings.	Extraction, fillings, and other work.	Other work only.
Mr. Goddard	1830	806	1024	4434	1980	97	1345	1008	0	4
Mr. Nicolson ...... ——	953	330	623	4990	3113	94	899	874	7	3
Mr. Crossley	1557	435	1122	4149	1843	66	1073	1119	6	42
	4340	1571	2769	13573	6936	257	3317	3001	13	49

As in previous years the most satisfactory features of the scheme are the large number of children which yearly require no treatment and the large number of fillings and the small number of permanent teeth extracted as set out in the table. The table shows that 4,340 required no treatment, of which 2,769 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 6,936 children who required temporary extractions only. This makes 11,276 children whose teeth were examined and found to be sound except for temporary extractions. The number of children now maintaining sound permanent teeth on account of this annual treatment is very large, and is conclusive evidence of the value of the dental work.

Mr. Goddard, Mr. Nicolson and Mr. Crossley worked 639 days (212, 214 and 213 respectively) during the year and examined 17,913 children, an average of 28 a day, while 21 a day were treated, the average for the previous year being also 28 and 21 respectively. These figures must be considered as satisfactory in view of the difficulties of transport, administration, etc.

The cost of the dental work for the year was £2,572, the largest items being £1,576 salaries of dentists, £472 travelling and maintenance allowances, and £220 clerical assistance. The cost of dental materials and renewals was £110, while the amount paid for the hire of rooms was £147. The sums received as fees from parents during the year amounted to £337. The cost for each child treated works out at 3/9½, or deducting parents' contributions, 3/3½.

The numbers of toothbrushes sold during the last ten years are: 3,233, 3,637, 3,928, 2,355, 2,988, 3,695, 3,192, 3,138, 2,511, 2,479 (1930). The price charged is 4d.

For the earlier years the smaller rural schools could not be included, but these have gradually been taken into the scheme and all but three schools in the County were included during the year. These were two small inaccessible schools (Oare and Hawkridge) and Backwell which has its own dental arrangements.

Although the figures only show a slight increase over the previous year the response has been better from the use of the new forms and improved following up. In some areas the dentists are behind their usual programme. Industrial and financial conditions have somewhat affected the response. In a considerable number of instances the 6d. fee has been remitted.

VERMINOUS CONDITION OF SCHOOL CHILDREN.

The equivalent of the time of two whole time School Nurses was available for this and allied school work. On an average they paid two or more visits to each school in their area. All the Health Visitors did some of this work. The children examined were 19,308 boys and 21,447 girls, and of these, 279 boys (1.4 per cent.) and 1,209 girls (5.6 per cent.) were found verminous. During the year 338 children were excluded as belonging mostly to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure.

The following table shows the inspections made and the results. The percentages shown do not accurately indicate the relative verminous conditions in the different areas since so much depends upon the children and schools selected. No regular examination of all the children in all the schools has been undertaken for many years as the staff available does not permit this to be done. Attention is now concentrated upon the specially dirty children and the few schools which contain a high proportion of such children. The schools are vastly cleaner as compared with years ago.

Sanitary Area.	Number of children inspected.		Excluded.	Prosecuted.	Percentage Verminous.	
	Boys.	Girls.			Boys.	Girls.
Axbridge	617	642	5	—	2.8	10.9
Burnham-on-Sea ...	162	160	0	—	0.0	1.3
Highbridge ...	296	339	2	—	0.7	4.1
Weston-super-Mare	770	1,305	1	—	4.0	10.3
Bath Rural ...	1,085	983	43	1	1.7	6.9
Bridgwater Rural ...	1,726	1,695	30	(Under School Attendance Byelaws).	0.9	7.1
Chard Urban ...	121	324	2		0.8	5.7
,, Rural ...	611	635	6		1.0	3.6
Crewkerne	48	172	2	—	0.0	1.7
Ilminster	163	164	0	—	0.6	3.7
Clutton	1,398	1,277	8	—	1.6	5.5
Midsomer Norton ...	495	919	4	—	0.8	5.3
Radstock	363	336	2	—	1.1	5.4
Dulverton ...	157	144	8	—	5.1	10.0
Frome Urban ...	625	899	35	—	0.6	7.8
,, Rural ...	967	893	22	—	3.0	6.5
Keynsham ...	497	471	12	—	2.6	4.3
Langport	1,262	1,457	44	—	2.1	6.5
Long Ashton ...	470	497	11	—	2.3	5.8
Clevedon	—	—	—	—	0.0	0.0
Portishead	—	—	—	—	0.0	0.0
Shepton Mallet U....	370	440	2	—	0.5	1.6
,, R....	754	755	4	—	0.4	3.8
Taunton Rural ...	1,441	1,497	6	—	1.1	5.5
Wellington Urban ...	151	405	6	—	0.7	2.5
,, Rural ...	217	213	5	—	2.3	5.2
Wiveliscombe ...	170	176	1	—	0.0	7.4
Wells Urban ...	210	299	5	—	1.9	4.7
,, Rural ...	449	429	15	—	1.8	5.6
Glastonbury ...	36	45	0	—	0.0	2.2
Street	—	—	—	—	0.0	0.0
Williton	1,054	926	0	—	1.0	5.1
Minehead	63	382	0	—	0.0	3.1
Watchet	—	—	—	—	0.0	0.0
Wincanton ...	1,121	1,127	17	—	0.5	2.0
Yeovil Rural ...	1,439	1,441	40	—	0.6	3.8
	19,308	21,447	338	1	1.4	5.6

WESTON-SUPER-MARE SCHOOL CLINIC. SUMMARY OF WORK. 1930.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated	Attendances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment, etc.	Total treated.		
Fitness for School or Special Schools	18	—	—	—	—	—	18	23
Re-examined from 1929	17	—	—	—	—	—	17	90
External eye diseases	1	13	2	—	1	16	17	67
Ear diseases: Otorrhœa, etc.	—	11	6	—	3	20	20	188
Deafness	1	4	2	—	—	6	7	42
Ringworm: Body	—	1	—	—	—	1	1	1
Scalp	—	2	—	—	—	2	2	16
Infected skin diseases (Impetigo, Scabies, etc.)	—	142	—	—	5	147	147	378
Eczema and other skin diseases ...	2	19	3	—	—	22	24	59
Other conditions	83	10	7	—	2	19	102	203
Totals ...	122	202	20	—	11	233	355	1.067

Total individual children examined or treated = 338.

FROME SCHOOL CLINIC. SUMMARY OF WORK. 1930.

Fitness for School or Special Schools	—	—	—	—	—	—	—	—
Re-examined from 1929	22	—	—	—	—	—	22	34
External eye diseases	—	11	3	—	5	19	19	80
Ear diseases: Otorrhœa, etc.	—	2	4	—	6	12	12	57
Deafness	—	—	—	—	—	—	—	—
Ringworm: Body	—	5	—	—	—	5	5	42
Scalp	—	5	—	—	3	8	8	68
Infected skin diseases (Impetigo, Scabies, etc.)	—	14	—	—	6	20	20	86
Eczema and other skin diseases ...	—	10	4	—	5	19	19	70
Goitre	—	—	23	—	11	34	34	142
Other conditions	27	19	—	—	15	34	61	132
Totals ...	49	66	34	—	51	151	200	711

Total individual children examined or treated = 185.

OTHER AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 289 cases were so referred. Many cases were treated at the School Clinics.

School Clinics. There are three such Clinics, those at Weston-super-Mare and Frome dating from 1920, while the Clinic at Radstock was only started for all minor ailments in January, 1930, although ringworm cases there and at Welton have been treated for several years. The table shows the work done at Weston-super-Mare and at Frome; that at Radstock may be summarised as follows:—

Reason for examination or treatment.	Cases.	Attendances.	Treated.		
			Cured.	Improved.	Transferred to Hospital or otherwise dealt with.
External eye diseases ...	1	3	0	1	0
Ear diseases	5	19	1	3	1
Ringworm	23	128	15	8	0
Infected skin diseases (impetigo, etc.)	3	6	3	0	0
Other skin diseases ...	3	11	2	1	0
Other conditions	21	35	2	10	9
	56	202	23	23	10

Goitre. Iodised chocolates are given in selected schools to children to prevent the development of goitre. During the year this preventive treatment was given in 79 schools to approximately 2,050 children. The cost of the chocolates for the year was £51 12s. 6d.

Ringworm. From an average of over 200 cases a year (as high as 323 cases in 1911) the number of cases of ringworm of the scalp has steadily diminished until at the end of 1930 there were only 34 known cases, the lowest recorded. The greatest number of cases was in Wincanton Rural, 9; Clutton Rural, 6; and Long Ashton Rural, 4. There were no known cases in 439 schools, one case in 12 schools, two cases in 5 schools, three in 2 schools, and six cases in 1 school. The three schools with three or more cases are Pitcombe C.E., 6; Felton St. Catherine, 3; and Timsbury C.E., 3.

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 46 fresh cases. Of the 34 known cases, in 28 District Nurses are assisting in the treatment, as compared with 23 in the previous year. Drug treatment is given at the Weston-super-Mare, Frome and Radstock School Clinics.

The following table classifies the known head ringworm cases at the end of the year according to whether attending school under the special conditions or not:—

Attending under the scheme so far as is known ...		30
Excluded: Refused scheme	1	
,, Failure to comply with cap conditions	0	
,, Suffering from extensive ringworm or on parts not covered by cap ...	2	
,, Age under 5	1	
Total excluded		4
		34

The above figures show that as regards ringworm of the head, 88 per cent. of the children suffering are attending school under the special conditions.

Sixty-three cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few weeks.

TREATMENT WITH ARTIFICIAL LIGHT.

Treatment with artificial light, in the form of a Mercury Vapour Lamp, is available at four centres, *i.e.*, Bridgwater, Weston-super-Mare, Yeovil and Minehead. The following tables give particulars of the cases treated, attendances and results. The education cases vary in character but many are malnourished, debilitated children and most of these derive great benefit.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.				
			Infant.	Education.	Tuberculosis.	From outside areas.	All.
Bridgwater	96	37	558	252	272	8	1090
Minehead	91	21	60	708	161	0	929
Weston-super-Mare	93	48	69	1164	284	61	1578
Yeovil	95	27	70	511	293	0	874
Total	375	133	757	2635	1010	69	4471

	Tuberculosis.	Rickets.	Debility and Malnutrition.	Glands (Not Tuberculous).	Others.	Total (all cases).
Cured or Improved	29	18	39	27	42	155
Unaltered	2	1	1	2	2	8
Worse	0	0	0	0	0	0
Still under treatment	28	4	25	3	27	87
Total	59	23	65	32	71	250

The clinical side of the light treatment is under Dr. Short and he reports that the school children who attended regularly—for whatever primary defect—all seemed to improve in alertness and mentality, and the parents and teachers say that they get on better in school afterwards. The summer was a disappointing one and hindered our experiment of 1929 in the combination of artificial with natural sunlight.

CRIPPLED CHILDREN.

The orthopædic scheme was started in 1925 and has been a great success in that many bad cases of crippling have been cured, many made so much better that they are capable of earning their living, while a very large number of children suffering from minor defects which were a cause of ill-health and future inefficiency have been remedied. The work has shown the very large number of cases which belong to this last group and while the old-standing cases have largely been dealt with the existence and detection of these less severe defects makes the clinics even busier each year.

Voluntary helpers are available at all the Surgeon's clinics and at most of the Minor clinics. At four Surgeon's clinics V.A.D. nurses have mainly staffed the clinics and have provided splendid Honorary Superintendents. Much transport help is also given by voluntary workers and a material part of the success of the scheme is due to this splendid voluntary help.

Close co-operation is maintained with the other County services. Not only are treated children followed up by the Orthopædic Sister, but they are re-examined and kept under observation by the School Medical Inspectors and Tuberculosis Officers.

The teachers have also been very helpful in the following up of school cases, seeing that they come to school in the boots provided, wear any appliances ordered, etc. Parents for example will have one pair of boots properly adjusted as advised at the Clinic and then when they wear out often will let the children go back to ordinary shoes or even to rubber shoes without the slightest effort to obtain crooking or other adjustment for new boots.

Dr. Forrester-Brown has been the Visiting Surgeon for all the clinics as well as in general charge of the cases admitted to the Bath Orthopædic Hospital, and we are again indebted for much of the success of the scheme to her skill and enthusiasm. The operations at the Hospital are carried out and shared between two Visiting Surgeons and Dr. Forrester-Brown.

The attendances at the Surgeon's and Sister's Clinics are shown in the following tables:—

Attendances at Surgeon's Clinics, 1930.

Dispensary.	Number of Clinics held.	New Cases seen.	Total Attendances.				
			I	E	T	O	All
Glastonbury	7	34	63	123	14	9	209
Radstock	4	30	35	85	9	7	136
Taunton	12	100	113	221	21	20	375
Weston-super-Mare	11	102	146	182	4	8	340
Yeovil	11	52	115	183	14	18	330
Frome	4	37	18	94	6	5	123
Bath	3	26	17	65	4	1	87
Minehead	2	6	2	38	—	1	41
Bridgwater	3	20	21	68	3	7	99
Wincanton	1	5	5	16	1	2	24
	58	412	535	1075	76	78	1764

Note.—I = County Pre-school cases, E = County Education cases, T = Tuberculosis cases, O = Other cases, *i.e.*, children over age.

Attendances at Sister's Clinics, 1930.

Dispensary.	Number of Clinics held.	Total Attendances.				
		I	E	T	O	All
Glastonbury	39	84	193	24	8	309
Radstock	39	59	295	19	5	378
Taunton	38	142	443	4	7	596
Weston-super-Mare ..	38	195	469	1	5	670
Yeovil	34	259	175	10	5	449
Frome	24	37	203	—	9	249
Bath	11	15	57	1	—	73
Minehead	11	9	69	—	—	78
Bridgwater	23	31	156	8	12	207
Chard	10	2	53	—	1	56
Cheddar	11	18	14	—	—	32
Clevedon	2	1	7	1	—	9
Langport	12	15	34	2	3	54
Shepton Mallet	11	2	24	2	3	31
Wellington	11	4	50	—	—	54
Wincanton	11	7	64	—	1	72
Bristol	8	6	52	1	—	59
	333	886	2358	73	59	3376

In addition 465 attendances have been made since May at a posture class at Taunton.

Bath, Somerset & Wilts Central Children's Orthopædic Hospital.

Somerset Cases in Hospital during 1930.

Type of Case	In Hospital 31-12-29	Admitted	Discharged	In Hospital 31-12-30	Average duration of each case (discharged cases only).
Non. resp. tuberculosis (Bones and Joints)	7	12	8	11	62 days
Congenital deformities	5	38	39	4	42 days
Poliomyelitis	7	21	21	7	109 days
Rickets	3	8	8	3	186 days
Spastic paralysis	2	3	2	3	128 days
Scoliosis	1	2	1	2	228 days
Osteo-myelitis (other than tubercular)	1	—	—	1	— days
Other cases	5	2	6	1	183 days
TOTAL ..	30	86	85	31	

Although 30 beds were retained all the year instead of the 24 under the original scheme, there was a considerable waiting list.

In addition to these cases a number of tuberculosis patients suffering from bone and joint diseases have been treated at Alton. During the year 8 have been sent, and on January 1st, 1931, there were 10 cases there still under treatment.

A very large number of crippled children have been seen at the different clinics, as shown in the tables. Some of them suffer from several defects and in a few a definite diagnosis has not been recorded on our records. The statement given below, while not a complete classification, gives a good idea of the types of cases which have been dealt with at the Clinics.

Cases seen at the Clinics during 1930 for the first time.

Tuberculosis of bones and joints		6
Spastic paraplegia		8
Infantile paralysis (poliomyelitis)		23
Osteo-myelitis		2
Congenital dislocation of the hip		10
Club foot		28
Other congenital deformities		9
Birth injury		5
Rickets		20
Scoliosis		14
Torticollis		10
Diseases and injuries of the toes		6
Postural deformities:—		
General defects of posture	39	
Flat foot (often with other postural deformities)	52	
Kyphosis	3	
Knock knees (many old rickets)	113	
Bow-legs	37	
		244
Results of injuries		9
Other defects and deformities		18
		412

The number of new cases seen is 63 less than in the previous year. There are very large numbers of old cases to be seen, so that in spite of this decrease the Surgeon's Clinics are very crowded and it is difficult to arrange for all the patients to be re-examined at suitable intervals. The difficulty of dealing with so many posture cases necessitated some change of procedure to prevent the Clinics being swamped. Under present arrangements the School Medical Inspectors themselves advise crooking of boots for the treatment of flat foot or other slight postural deformities. Other cases are referred by them direct to the Orthopædic

Sister to be treated by her under their general directions. These cases therefore do not go to the Surgeon's Clinics and are not included in the table. If the defect is considerable or if the condition does not yield to treatment the cases are then sent to be seen by the Orthopædic Surgeon.

The satisfactory alteration of type of case seen has continued and by far the largest groups of cases comprise postural and other minor defects, a large portion of which are the result of rickets. The more serious crippling conditions have diminished over the earlier years of the scheme but not as compared with the two previous years.

The attendances at both Clinics have considerably increased, at the Surgeon's Clinics by 175 and the Sister's by 1,170 compared with 1929. At the Sister's Clinics while most of the work has been at the five major centres, the minor Clinics have been very valuable and have enabled many cases to attend for further treatment when it would have been impossible for them to travel the longer distances to the main Clinics.

A large number of cases have been provided with suitable splints and appliances. During 1930, 138 splints, etc., were supplied, 100 being calipers or other irons, while 102 alterations to ordinary boots were ordered and supervised, and 7 pairs of surgical boots provided. These appliances are obtained from the Oswestry and Wingfield Orthopædic Hospitals, as well as from the Bath Orthopædic Hospital. In addition a large number of plaster of Paris splints were fitted. The number of these has greatly increased and as many as 709 were fitted during the year.

X-ray photographs of cases are required in a number of instances, either to aid in making the diagnosis or as a guide to the treatment required. Arrangements have been made with 14 hospitals, or individuals, for X-ray photographs.

Cases requiring massage have greatly increased in number including 5 poliomyelitis cases which could only be discharged from the Bath Orthopædic Hospital if they could be followed up by prolonged courses of massage treatment.

The cost of the Orthopædic Scheme is apportioned between the County Education Committee, the Tuberculosis Sub-Committee and the Maternity and Child Welfare Sub-Committee. The proportion of tuberculosis cases seen and admitted to hospital has been fewer than anticipated and the Education Committee cases correspondingly more numerous, so that the major cost at present is falling upon the Education Committee.

The total expenditure upon the Orthopædic Scheme, shared between the three Committees, for 1930 is as follows:—

EXPENDITURE.

	£	s.	d.
I. **In-patients.**			
Bath Orthopædic Hospital	4,008	0	0
Boarded-out cases	74	0	8
Travelling expenses to Hospital	14	0	5
II. **Out-patients.**			
(*a*) Splints and appliances	144	13	7
(*b*) Orthopædic Surgeon (services and travelling expenses)	255	3	0
(*c*) Nursing assistance: Miss Mayor (salary and travelling expenses)	503	4	0
Holiday substitute	20	12	11
(*d*) Travelling expenses of cases	53	15	7
(*e*) Maintenance of County Clinics	166	18	9
(*f*) Payments to outside Clinics	14	6	0
(*g*) X-ray photographs	63	9	0
(*h*) Payments for massage	109	18	6
(*i*) Bath City Statutory Hospital	8	11	5
(*j*) Equivalent of one Health Visitor	323	1	11
(*k*) Bath Mineral Water Hospital	1	12	0
III. **Central Office expenses.**			
Clerical assistance, printing, postage, stationery, etc.	246	0	2
	£6,007	7	11

RECEIPTS.

	£	s.	d.	£	s.	d.
In-patient payments				274	12	11
From Dorset and Local Authorities in the County—						
(*a*) Attendances at Clinics	138	18	2			
(*b*) In-patients	115	10	0			
				254	8	2
Payments towards splints and appliances				40	18	1
				569	19	2
Nett expenditure				£5,437	8	9

This is £285 more than the previous year, the main increases being due to the additional clerical assistance authorised, to the extension of massage treatment (increase of £65) and to an extension of boarded-out cases (£60).

THE PREVENTION OF CRIPPLING AND POSTURAL CONDITIONS.

Great attention is paid to this side of the work. During the year 172 fresh cases of early rickets or suspected rickets were reported and all these were given medical or other treatment. Of these 25 had to be transferred to the Orthopædic Clinics for advice and treatment.

Poliomyelitis is a severe and not uncommon cause of crippling. It is a notifiable disease, but unfortunately a good many cases are not recognized in their initial stages and do not get medical treatment until the definite effects of paralysis are apparent. Notified cases do not include all the cases which occur, which is unfortunate. During the year 8 cases were notified, ages 14 months to 22 years. Special inquiries and offers of assistance in connection with the Orthopædic scheme were made at once. Of the 8 cases one was a visitor who returned to America, one a slight case (age 3½ years) taken into the Taunton Hospital and likely to make a complete recovery, while a third was an adult of 22 years removed for treatment to Yeovil Hospital. The other 5 cases were all seen by the Orthopædic Surgeon, 4 at the Clinics and one in hospital. Of these 3 were removed to the Bath Orthopædic Hospital, the other two being treated locally in connection with the Clinics. It is of very great importance that these cases should have skilled prolonged treatment if crippling conditions are to be avoided or mitigated, and it is difficult to obtain such treatment apart from the facilities offered by our orthopædic service.

It is, however, in regard to physical training and the prevention of postural defects that the greatest activity and progress is being shown. This is being dealt with along the following lines. Miss Marjory Smith is devoting herself to this work and with great success, largely owing to her ability and the thoroughness of her work.

(*a*) Steps are taken to instruct and assist teachers in physical training and posture work. At the physical training classes (see page 33) at Bristol, Weston-super-Mare, Langport and Bath, two lectures and one demonstration were devoted to posture. Four conferences of head teachers were held and similar demonstrations were given. At the teachers' residential course held at Taunton in August special lectures were given on posture and a demonstration by six boys who had been doing posture exercises was given. The experimental work done at Glastonbury was also fully discussed.

(*b*) The posture classes for children showing postural defects were continued. As explained in previous reports these children are selected by the Medical Inspectors from an examination of all the children in the school and formed into classes, usually from 9 to 14 children from each selected school or department. In general children under 8 years of age are not selected.

The classes held by Miss Smith during the year have been:—

Weston-super-Mare—5 classes for girls, 4 classes for boys.
Banwell—1 class for girls, 1 class for boys.
Bath Rural area—4 classes for girls, 6 classes for boys.
Clevedon—2 classes for girls, 2 classes for boys.

The children are classified by the Posture Chart before taking the exercises and again at the end of the course. Marked improvement was shown as well as a definite increase in breathing capacity.

Follow-up classes by selected teachers who had attended Miss Smith's posture classes and seen the children carry out the exercises were carried out at Street, Wells, Glastonbury, Weston-super-Mare and Banwell. Miss Smith visited from time to time and reported that these classes were competently given and of decided benefit.

(*c*) It is not enough to take children with defective posture and treat them. It is far more important and far-reaching to try and develop the utilisation of physical exercises so that they result in the prevention of postural defects. Such defects are to a considerable extent manufactured in school actively owing to faulty instruction as regards sitting, standing or writing positions, or passively by failure to control faulty physical development.

Miss Smith conducted an interesting experiment at two Glastonbury schools during 1929-30. The teachers of those schools met her for 1 to 1½ hours each week for 8 weeks. During these periods she gave talks on physical training with special regard to posture. She explained fully all the exercises which the teachers intended teaching during the following week in the physical training lessons, giving details of correctness and pointing out all possible mistakes which might be made. Thus the actual exercises of the Board of Education's Syllabus were correctly taught. In addition to these exercises the teachers were asked to include in each lesson five exercises specially important in relation to posture. The exercises were demonstrated by boys stripped to the waist, thus enabling the teachers to observe the exercises correctly and incorrectly performed. In this way they were able to realize the value of each separate exercise and witness how quickly muscle fatigue occurs in the growing child.

The results attained have been very satisfactory. The exercises performed by the children have been really beneficial and did develop what they were intended to develop and were upon the right lines. A considerable series of comparative photographs were taken from these children before and after the course and for comparison at other schools, the teachers from which had not had the benefit of this special course and the demonstrations but carried out the same exercises. These photographs and examination of the children showed the superiority of the results when this special instruction had been given.

(*d*) The County Education Department are substituting the new desks and chairs as rapidly as possible and their provision should do a great deal to improve the posture of the average school child.

The special attention given to postural defects by the Medical Inspection staff also stimulates the interest of parents and teachers. Large posture charts, for boys and girls separately, have been prepared from special photographs and are supplied to all schools receiving special posture teaching. Miss Smith found time to give talks on posture in the Weston-super-Mare, Banwell, Brislington and Dulverton schools.

REST PERIODS IN SCHOOLS.

This is a subject related in some ways to postural defects. Dr. Hilda Halliday has made the following observations from inquiries she has made :—

At present no definite instructions are issued and no special equipment is sanctioned for rest periods during school hours. Children for whom a period of real rest seems desirable (*i.e.*, lying down flat with opportunity for sleep) are :—

(1) Those under five years of age.
(2) Any over five showing signs of fatigue, such as: postural defects, malnutrition, nervousness and lack of control.
(3) Those coming long distances to school and spending the dinner-hour in the playground with no opportunity for relaxation.

Certain schools are convinced of the value of rest periods and make use of rush mats, strips of newspaper, low tables with a wool mat for each child's head, or canvas hammock stretchers made by local woodwork class.

The time set apart varies from ten minutes lying down flat with strenuous attempts at immobility, to a true relaxation when a child may quite possibly sleep for the whole afternoon. These methods form part of the school routine. In other cases certain children rest during the dinner hour.

Teachers in these schools find that a regular rest improves the children's behaviour and teachability. Children seen at medical inspection after a year of routine rests had improved in posture and nutrition. One girls' secondary school has found an after dinner rest period very good from an educational as well as from a physical standpoint. Other schools would be glad to provide time for rests, but have not the floor space.

A few schools are not aware of the value of a quiet self-disciplined rest period, or they are afraid that book-work will suffer, or they allow tired children to rest and fall asleep leaning over their desks with head on arms. For the sake of children in such schools it might be useful to issue advice as to the selection of children for rests, the equipment and the time to be allotted.

I have discussed this matter with the other School Inspectors who report somewhat similar findings. The need for rest for these selected children is undeniable and it is of importance that it should be under satisfactory conditions. The chief essential is that the body should be out flat and anything like a hammock or stretcher which sags is unsatisfactory.

SECONDARY AND CONTINUATION SCHOOLS.

The number of scholars examined last year and the results obtained are shown below:—

ROUTINE MEDICAL INSPECTIONS.

	Boys.	Girls.	All.
Entrants	155	155	310
Intermediates	284	263	547
Leavers	61	25	86
Totals	500	443	943
Other routine inspections ...	150	162	312
Totals	650	605	1,255

OTHER INSPECTIONS.

	Boys.	Girls.	All.
Specials	5	34	39
Re-inspections	160	242	402
Totals	165	276	441

The defects found among the Secondary School scholars are enumerated in the accompanying table. The figures include specially presented as well as routine children, which prevents them from being compared closely with those from the Elementary Schools as regards the prevalence of defects.

Medical treatment for Secondary School scholars has not been provided, but any suspected to be suffering from tuberculosis are referred to the nearest Tuberculosis Dispensary for further examination and, if necessary, treatment; and pupils with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 133 pupils, and accepted by the parents of 89. Of the 1,294 scholars examined as routine or special cases 181 were found to be already wearing spectacles. Where these spectacles appeared to be unsuitable, further examination was offered.

It would be an advantage if our dental scheme could be extended to the Secondary Schools, but we could hardly undertake it with our present staff.

Defects found in Secondary School Children.

Condition.	Number of defects.	Number referred for treatment.	Number referred for observation.
Malnutrition	59	6	4
Uncleanliness	9	8	0
Skin Disease	0	0	0
Ringworm: Head	1	1	0
Body	0	0	0
Defective vision	267	114	18
Squint	16	4	1
Eye disease	31	10	2
Defective hearing	6	3	0
Ear disease	8	3	1
Nose and Throat disease:			
Tonsils slightly enlarged	158	5	10
,, considerably enlarged	63	16	12
Adenoids: Slight	36	4	6
,, Marked	5	4	0
Other conditions	91	5	2
Teeth: Dental disease	666	27	3
Enlarged cervical glands	110	2	1
Defective speech	5	0	1
Heart Disease:			
Organic	9	7	2
Functional	21	0	21
Anæmia	57	4	1
Lung disease (non-tubercular):			
Bronchitis	4	1	2
Other diseases	1	0	1
Tuberculosis:			
Pulmonary—Definite	0	0	0
,, Suspected	5	0	5
Non-Pulmonary	0	0	0
Disease of the nervous system:			
Chorea	0	0	0
Other	4	1	0
Deformities	230	7	103
Enlarged Thyroid or Goitre	22	5	1
Other defects and diseases	34	8	5

EXCEPTIONAL OR DEFECTIVE CHILDREN.

Table III. at the end of this report summarises and classifies all the children who were on the Special Registers of the School Medical Department at the end of 1930. Any child suffering from more than one defect is recorded only in that class of defect which determines the special education or treatment required.

For the purpose of calculating the incidence of defectives per 1,000 of the school children, the number of scholars on the elementary school registers last year is estimated at 42,804. The incidence calculated in this way is not strictly accurate, as normal children leave school at 14 years, while most of the defective children are retained on the Special Registers until 16 years of age.

Blind Children.

All children found or reported to be suffering from defective eyesight are referred to the County Oculist for examination, and any found to be "blind" or "partially blind" are certified accordingly.

The 16 "blind" children recorded in Table III. represent an incidence of 0.4 per 1,000; and the 62 "partially blind" children, an incidence of 1.4 per 1,000 of the school population.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. Institutional cases on attaining the age of 16 years are offered, if suitable, further training.

Special Day Classes for "partially blind" children (and the same applies to "partially deaf" children) are desirable, but their provision in a large county with scattered schools is impossible in practice. Bad-sighted or myopic children must remain in the elementary schools, but the Head Teachers are directed how to give them oral and such other instruction as is possible without detriment to their eyesight.

Deaf Children.

Children reported to be deaf are specially examined, and, if necessary, certified as "deaf" or "partially deaf." All "deaf" children are sent to certified Deaf Schools or Institutions, if they are of suitable age and mentally and physically fit for special education.

The 31 "deaf" and 7 "partially deaf" children recorded in Table III. represent an incidence of 0.7 and 0.2 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1929 the Special Register contained the names of 304 feeble-minded children—183 boys and 121 girls. During the past year 39 boys and 25 girls, a total of 64 children, were certified as feeble-minded and their names added to the Register, while the names of 37 boys and 32 girls, a total of 69, were removed owing to the children having attained the age of 16 years, left the County, died, or been re-graded; leaving a net total of 299 feeble-minded children (185 boys and 114 girls) on the Special Register at the end of 1930.

These 299 feeble-minded children are equivalent to 7 per 1,000 of the total number of children on the registers of the Elementary Schools.

Mental Examinations.—During the past year 150 children were examined and certified for the first time, and 35 were re-examined for re-grading or certification for Special Schools or Institutions.

The results of these examinations are shown below :—

	Schedule A.		Schedule B.	Schedule C.	Totals.
	Fit for education in an Elementary School.	Fit for Special Class for dull and backward children.	Fit for Special School.	Unfit for Special School.	
First examination—					
Boys	8	39	39	10	96
Girls	3	17	25	9	54
	—— 11	—— 56	—— 64	—— 19	—— 150
Re-examined—					
Boys	0	2	17	0	19
Girls	0	4	12	0	16
	—— 0	—— 6	—— 29	—— 0	—— 35
	11	62	93	19	185

The periodical mental examinations made at the Special Schools are not included in this table.

The District School Medical Inspectors are responsible for the examination of all suspected mentally defective children of school age in their areas. Dr. Stirling, the Assistant County School Medical Officer, has been responsible for the Weston-super-Mare area. Dr. W. G. Parker was Visiting Officer for the Sandhill Park Special School for Girls and Farm Colony.

Epileptic Children.

The classification of epileptic children is difficult as the severity and frequency of the attacks vary from a mild fit once or twice a year to numerous severe fits daily.

Excluding children with mental defect, the majority of the juvenile epileptics in the County are of the milder grade. As will be seen from Table III., 21 are classified "severe" and 41 "not severe," equivalent to an incidence of 0.5 and 0.96 per 1,000 of the school population respectively.

When epileptic children are examined by the School Medical Inspectors, the appropriate form of treatment is considered and, where institutional care seems necessary, this is advised. The number of children who can be sent to Epileptic Colonies, however, is very limited; at present only three are being so dealt with. A few of the children who would be suitable for colony treatment on account of the frequency or severity of their fits are unable to be so dealt with as Epileptic Colonies refuse to admit children with any signs of mental deficiency or deterioration. Most children suffering with epilepsy can get adequate treatment from their own doctors or at hospitals and can safely attend school, where they benefit by regular supervision and control.

Physically Defective Children.

Cases of tuberculosis are dealt with through the Tuberculosis Section of the Health Department. It has not been found possible to classify the tuberculous children into the groups suggested by the Board of Education Circular No. 1321, Table III. All tuberculous children are periodically examined and certified as to their fitness for school and no child in an infectious condition is permitted to attend school.

Crippled children are recorded in Table III. and the details of the County Orthopædic Scheme are discussed on pages 17-25.

EDUCATION AND CARE OF DEFECTIVES.

Sandhill Park Institution and Special School. This was opened in 1925, as a Certified Institution under the Board of Control to provide accommodation for 72 female defectives, and as a Residential Special School under the Board of Education for 47 feeble-minded girls.

The County Council subsequently authorised an extension of this Institution to provide a Hostel for 50 feeble-minded boys under 16 years of age, a Hostel for 50 feeble-minded girls under 16 years of age and a Hostel for 60 feeble-minded women, to be used temporarily for young men. The School and the Children's Hostels were completed during 1930 and opened in June. This enabled the Street Special School to be closed and the boys were transferred to Sandhill Park. At the end of 1930 there were 42 boys in residence. including one boy from Bridgwater. At the end of the year there were 43 girls in residence at Sandhill Park, including one from Taunton Borough and two from Bridgwater Borough.

A further 8 feeble-minded boys were accommodated at the Western Counties Institution, Starcross, and one boy at Lichfield.

Yatton Hall. This Institution was established in 1917 by the Somerset Association for the Care of the Mentally Defective. It was taken over by the Mental Deficiency Acts Committee in 1919, and extensions were subsequently made to provide accommodation for 76 patients. It is primarily intended for low-grade defectives. At the end of 1930 there were in residence 30 boys and 20 girls of school age in addition to older defectives.

Occupation Centres. Since 1920 the Somerset Association for Mental Welfare has provided very useful Occupation Centres in various parts of the County under the supervision of Miss Penrose. Last year the Centres at Taunton, Weston-super-Mare, Bridgwater, Street and Frome were continued. With the exception of Street the classes are now held on five days per week. All the children attending the Taunton and Bridgwater Centres belong to those Boroughs, but in December last there were on the Centre registers 24 children of school age (including one imbecile and one uncertified girl) one older defective boy, and two older defective girls belonging to the County.

After Care of Mentally Defective Children. The Somerset Association for Mental Welfare through its officers and Voluntary Visitors is doing valuable work in following up and assisting defective children who have left school. Those leaving Special Schools are notified to the Mental Deficiency Acts Committee for supervision, guardianship or further institutional care as may be necessary.

SCHOOL HYGIENE.

Sanitary Condition of Schools. The importance of schools being in a sanitary and healthy condition is twofold. Defects such as faulty lighting, inadequate ventilation, or insufficient washing facilities may be directly prejudicial to the health of the children, while also schools are the centres for education and not the least important are the lessons imperceptibly taught to the children by a sanitary environment.

It is part of the duty of School Medical Inspectors to report upon the sanitary condition of school premises and 457 reports were received, as well as 10 upon Secondary Schools. In 338 cases no defects were found or at least adversely reported upon. In 31 the defects were of a minor character and not followed up. In the remaining 98 instances the reports were referred to the Education Office to deal with. These, with the results obtained as regards their remedy, are summarised in the following table. The number is considerably more than 98, as many schools showed more than one defect.

	Action taken.				
Nature of defect found.	Remedied.	Improved.	Pending.	No action taken.	Total
Structural defects of offices ...	8	0	8	3	19
Defects in usage of offices ...	2	0	0	2	4
Water supply	6	0	3	1	10
Ventilation defective	1	0	21	3	25
Lighting defective	0	0	11	4	15
Want of cleanliness	1	0	1	0	2
Defective cloakrooms... ...	1	0	3	0	4
Repairs or redecoration required	2	0	3	2	7
Desks unsuitable	21	0	19	1	41
Defective playground ...	4	0	9	1	14
Deficient heating	2	1	4	1	8
Other defects	1	0	2	1	4
	49	1	84	19	153

The regrouping and reorganisation of the schools is holding up the remedying of some of the defects.

Hygiene Instruction in Schools. A considerable amount of work was done during the year by Miss Lamb, the County Health Propaganda Officer.

During the year the special course on Physiology and Hygiene for teachers was given in five centres. These were at Bath (14, average attendance), Glastonbury (17), Martock (26), Wiveliscombe (10), and Chew Magna (12, average attendance). Each course consisted of 9 lectures given once a week, while in addition at some centres a further lecture on Sex Hygiene was given to the women teachers and one to men teachers by a medical member of the staff. These lectures should improve materially the teaching of hygiene to the school children.

Lists of suitable books and posters have been prepared and are kept well up to date. These can be obtained by Head Teachers through the County Education Office. Many health posters have been distributed in the schools.

Most teachers welcome short talks on health matters to the children, and the opportunity of the lecturer being in the district often enables such a talk to be given. Eighty-one schools were visited in this way. These hygiene lectures last about thirty minutes and are given with the help of pictures and diagrams. At the same time an opportunity is made to give free literature, posters, competitions, etc., to the Head Teacher and also particulars of the latest books. Miss Lamb can also talk over new ideas as to teaching hygiene in the schools.

The County Health Exhibition has been held at 12 centres during the year and at most, or all, of them the older school girls have attended. Suitable talks in the Exhibition have been given to them.

Sir George Newman in his 1929 report to the Board of Education devotes 19 pages to the subject of the teaching of hygiene in schools. He notes with regret, after detailed inquiry, the very inadequate share which this subject occupies in the school syllabus and the ineffectiveness of the teaching. He points out:—

> "Ignorance of children in regard to healthy living and their failure to acquire and practise healthy habits is spoiling a substantial portion of our educational effort, and also providing in after life a burden of disease, disharmony and incapacity which is extremely costly both in wastefulness and in remedy."

Later on he states:—

> "There are three practical factors which control the teaching of hygiene in schools. First, the teacher must be properly trained to teach in this subject as in the others. Secondly, he must have a scheme, programme, syllabus, or whatever it may be called. Thirdly, he must be required by his Authority to teach the subject, and suitable provision must be made for it in the curriculum of every school. Now, presumably the first two of these three desiderata are provided. The teacher is trained at the Training College and the Board have issued a Handbook of Suggestions, and 'a knowledge of its contents should be regarded as part of the necessary equipment of every teacher.' It seems that what is sometimes lacking is the definite requirement of the Local Education Authority that in every school of their area, and to every child for whose education they are responsible, hygiene shall be effectually taught."

The Education Committee will not need to be reminded that I share these views since for over 20 years I have repeatedly urged the primary importance of this subject, its neglect in our schools and the need for the Education Committee to make its efficient teaching an *essential* part of the teaching in every school under their control. At one time it was urged that many of the teachers were not properly grounded in the subject. It has now, however, been for many years an essential part of their training course. Also for a good many years my Department has been conducting courses in hygiene and physiology for teachers, so this obstacle could or should have been removed. I do not know how far my strictures in the past are now deserved or whether this subject is now being taught as an essential and always included subject and one to which adequate time is given. Its importance is so great that I would suggest that inquiry be made on this head, if the facts are not already available, and that if necessary steps be taken to extend the adequate teaching of this subject.

Physical Training. I am indebted to the County Education Secretary for the following particulars of the work of the Physical Training Instructors:—

Courses of Teachers' Classes have been held this year at Bristol, Weston-super-Mare, Langport, and Bath; and in the greater part of the County at least one series of these classes has now been provided in the past five years.

Following each of these Teachers' Classes, well-attended conferences of Head Teachers were held in each area. Demonstrations of the work were given, and these were followed, where possible, by visits to the schools, where help and guidance were given by the Organisers in arranging the Physical Training to suit the conditions peculiar to the particular school.

Postural exercises to classes of selected children have been conducted by Miss Smith during the past year at Weston-super-Mare, Banwell, and Clevedon schools, and also at certain schools in the Bath district, and demonstrations of this work have been included in each teacher's course of lectures.

A residential vacation course in Physical Training and games was held at Taunton School, August 6th to August 20th, 1930. The course was arranged to prepare Somerset teachers in the new Senior School syllabuses which have been issued by the Board of Education.

The Committee's Organising Instructors of Physical Training, Miss M. A. Smith and Captain G. J. G. Fitzgerald, were in charge and the course was attended by 47 Certificated teachers, 19 women and 28 men, of whom 5 were Headmistresses and 9 Headmasters.

Practically the whole of the main building of the school was put at the disposal of the course, including a well-equipped gymnasium, swimming pool, covered playground, two hard tennis courts and ample playing fields. The bedroom accommodation for women was provided at Weirfield, a girls' boarding school near by.

The work in the morning commenced with a combined lecture for men and women, after which separate programmes of work for men and women were taken in Practical Gymnastics, group practice, discussion, and games; the afternoons were devoted to games, sports, and excursions.

The organisers have, even at this early date, noted the marked keenness and improvement in the Physical Training in those schools from which teachers attended this Taunton course.

Further expansion has taken place in the recreative side of Physical Training and there are now over 300 schools affiliated to the Somerset County Schools Games Association; additional branches have been formed in Rugby football, Swimming, and Netball.

A very successful County Final Athletic meeting was held at Bridgwater in July, at which more than 1,300 children took part.

The growing need for playing fields is emphasised by these activities.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 38 schools or departments were closed on account of infectious disease; 22 under Article 23 (*b*) of the Code by the School Medical Officer, and 16 under Article 22 by the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Diphtheria	9
Measles	8
Whooping cough	5
Mumps	2
Scarlet fever	8
Influenza	2
Chicken pox	3
Illness of teachers	1
	38

So far as possible schools are not closed for infectious disease and reliance is placed upon the exclusion of cases and suspected cases.

Under the Regulations of the Board of Education 154 certificates for weekly attendance below 60 per cent. were issued in respect of 71 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 348. Of these, 58 were for ringworm, 7 for verminous condition of head or body, 75 for other skin diseases, while the remainder were for a variety of conditions. In addition, 54 cases of actual or suspected phthisis and 41 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year 14,835 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 10,276 suspected diphtheria swabs were examined, the majority being from children of school age; 354 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 151 showed the ringworm fungus, while the remaining 203 were negative. Of these 354 specimens, 260 were taken by the School Medical Inspectors or the Health Visitors, and 94 were examined for private practitioners and district nurses.

TABLE I.

Number of Children Inspected 1st January, 1930, to 31st December, 1930.

A.—Routine Medical Inspections.

	Boys.	Girls.	Total.
Number of Code Group Inspections.			
Entrants	2362	2287	4649
Intermediates	2237	2046	4283
Leavers	1510	1430	2940
	6109	5763	11872
Number of other Routine Inspections	648	599	1247
Total	6757	6362	13119

B.—Other Inspections.

Number of Special Inspections	761	839	1600
Number of Re-inspections	4275	3829	8104
Total	5036	4668	9704

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1930.

DEFECT or DISEASE. (1)		Routine Inspections.		Specials.	
		Number referred for treatment. (2)	No. requiring to be kept under observation, but not referred for treatment. (3)	Number referred for treatment. (4)	No. requiring to be kept under observation, but not referred for treatment (5)
Malnutrition		136	12	48	0
Uncleanliness—					
	Head	166	1	38	0
	Body	7	0	12	0
Skin ...	Ringworm—				
	Head	8	0	13	2
	Body	10	0	5	0
	Scabies	5	0	1	0
	Impetigo	34	0	21	1
	Other Diseases (Non-Tubercular)	1	0	0	0
Eye ...	Blepharitis	90	4	31	4
	Conjunctivitis	8	0	8	0
	Defective Vision	590	147	314	4
	Squint	123	12	33	1
	Keratitis	0	0	1	0
	Corneal Opacity	3	2	1	0
	Other Conditions	17	2	22	1
Ear ...	Defective Hearing	38	6	22	0
	Otitis Media	40	11	34	1
	Other Ear Diseases	13	0	11	0
Nose and Throat ...	Tonsils—				
	Slightly Enlarged	116	492	76	18
	Considerably Enlarged	392	112	162	7
	Adenoids—				
	Slight	211	172	97	12
	Marked	86	2	71	1
	Other Conditions	28	58	27	10
Enlarged Cervical Glands (Non-Tubercular)		25	59	13	5
Defective Speech—					
	Stammer, etc.	4	5	1	0
	Educational Defects	0	9	0	0
Teeth—Dental Diseases		134	4	43	0
Heart and Circulation	Heart Diseases—				
	Organic	24	15	15	0
	Functional	5	131	2	5
	Anæmia	86	16	37	2
Lungs ...	Bronchitis	27	49	9	11
	Other Non-Tubercular Diseases	1	7	1	1
Tuberculosis	Pulmonary—				
	Definite	6	1	3	1
	Suspected	5	51	4	58
	Non-Pulmonary*	8	8	5	2
Nervous System ...	Epilepsy	6	8	8	2
	Chorea	5	0	4	0
	Other Conditions	8	9	4	3
Deformities ...	Rickets	12	20	2	1
	Spinal Curvature	2	1	1	0
	Other forms	215	650	63	68
Goitre		88	11	54	3
Other Defects and Diseases		224	21	141	20

*The routine cases consisted of 7 glands, 1 abdomen, 2 knee, 3 hip, 1 spine and 2 peritoneum. The 7 glands and 1 knee cases were kept under observation, all the others were referred for treatment. The specials were 4 glands, 2 abdomen, and 1 arm. Of these 3 gland and 2 abdomen cases were referred for treatment, the arm and other gland being observation cases.

B. Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children. Inspected. (2)	 Found to require treatment. (3)	Percentage of Children found to require treatment. (4)
CODE GROUPS:			
Entrants	4649	782	14.7
Intermediates	4283	734	17.1
Leavers	2940	373	12.7
Total (code groups)	11872	1889	15.9
Other routine inspections ...	1247	244	19.6

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.	
BLIND (including partially blind).	(*i*) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools for the Blind ...	4	6	10	
		Attending Public Elementary Schools	0	3	3	
		At other Institutions	0	0	0	
		At no School or Institution ...	0	3	3	16
	(*ii*) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools for the Blind ...	0	0	0	
		Attending Public Elementary Schools	22	21	43	
		At other Institutions	0	0	0	
		At no School or Institution ...	9	10	19	62
DEAF (including Deaf and Dumb and partially Deaf).	(*i*) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools for the Deaf ...	16	12	28	
		Attending Public Elementary Schools	0	0	0	
		At other Institutions	0	0	0	
		At no School or Institution ...	1	2	3	31
	(*ii*) Suitable for training in a School or Class for the partially deaf.	Attending Public Elementary Schools	0	1	1	
		At no School or Institution ...	4	2	6	7
MENTALLY DEFECTIVE	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	50	43	93	
		Attending Occupation Centres ...	10	12	22	
		Attending Public Elementary Schools	86	41	127	
		At other Institutions	1	1	2	
		At no School or Institution ...	36	19	55	299
EPILEPTICS	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	0	1	1	
		Attending Public Elementary Schools	8	3	11	
		At no School or Institution ...	3	6	9	21
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	20	9	29	
		At no School or Institution ...	6	6	12	41

TABLE III.—(continued).

			Boys.	Girls.	Totals.	
PHYSICALLY DEFECTIVE	Pulmonary Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	0	1	1	
		At Certified Residential Open-Air Schools	10	11	21	
		At Public Elementary Schools	92	67	159	
		At no School or Institution ...	16	17	33	214
	Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	4	7	
		At Public Elementary Schools	47	37	84	
		At no School or Institution ...	7	11	18	109
	Delicate Children.	At Certified Residential Open-Air Schools	0	0	0	
		At Public Elementary Schools	98	95	193	
		At no School or Institution ...	2	3	5	198
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc.	At Certified Hospital Schools ...	17	10	27	
		At Residential Schools for Cripples	2	1	3	
		At Public Elementary Schools	77	47	124	
		At other Institutions	0	0	0	
		At no School or Institution ...	24	19	43	197
	Children suffering from severe heart disease	At Public Elementary Schools ...	2	2	4	
		At no School or Institution ...	3	5	8	12

TABLE IV.

Treatment of Defects of Children during 1929.

A.—Treatment of Minor Ailments.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged		
Skin—							
Ringworm—Head ...	13	13	8	5	0	0	100
,, Body ...	12	11	11	0	0	1	92
Scabies	6	5	5	0	0	1	83
Impetigo	100	87	87	0	0	13	87
Minor Injuries ...	10	5	5	0	0	5	50
Other Skin	7	5	4	0	1	2	71
Ear Diseases	107	84	56	12	16	23	79
Eye Diseases (External and other) ...	190	148	80	37	31	42	78
Miscellaneous ...	98	86	66	10	10	12	88
	543	444	322	64	58	99	82

B.—Treatment of Visual Defect.

Number referred for refraction, etc., 1929	Number examined by County Oculist.					Number absent.	Number obtaining treatment elsewhere.
	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treatment advised.		Number for whom no treatment necessary.		
			Obtained.	Not obtained.			
1,278	1,035	1,006	4	0	64	171	4

C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	Number treated.	Received operative treatment.	Received other forms of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged		
1.263	921	570	63	164	124	342	73

TABLE V.

Summary of Treatment of Defects during 1929.

Disease or Defect.	Referred for treatment	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged		
Minor Ailments ...	543	444	322	64	58	99	82
Visual Defects (including Squint)	1278	1043*	1014	0	29	171	87
Defects of Nose and Throat	1263	921	633	164	124	342	73
Dental Defects ...	274	177	73	82	22	97	65
Malnutrition	229	191	22	125	44	38	83
Defective Hearing ...	39	30	14	10	6	9	77
Defective Speech ...	7	6	1	3	2	1	86
Enlarged Cervical Glands (Non-T.B.)...	29	24	14	9	1	5	83
Heart Disease—							
Organic	62	44	10	8	26	18	71
Functional	7	5	1	1	3	2	71
Anæmia	139	117	50	49	18	22	84
Lung Disease (Non- T.B.) ...	49	40	28	8	4	9	82
Tuberculosis—							
Pulmonary—							
Definite	13	12	0	6	6	1	92
Suspected	24	21	1	15	5	3	88
Non-Pulmonary ...	24	22	4	15	3	2	92
Disease of Nervous System	28	24	11	9	4	4	86
Deformities	394	279	15	184	80	115	71
Goitre	232	153	8	34	111	79	66
Other	273	210	100	56	54	63	77

*In addition 64 children attended and were examined but no treatment was necessary.

TABLE VI.

Summary relating to Children Medically Inspected at the Routine Inspections during the Year 1930.

			Percentage Prevalence.
(1) The total number of children medically inspected at the routine inspections		13,119	
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)		1,703	13.0
(3) The number of children in (1) suffering from:—			
Malnutrition		867	6.6
Skin Disease		72	0.5
Defective Vision (including Squint)		2.557	29.3
Eye Disease		209	1.6
Defective Hearing		116	1.2
Ear Disease		206	1.6
NOSE AND THROAT DISEASE—			
Tonsils—Slightly Enlarged	2.157		16.4
Considerably ,,	597		4.6
Adenoids—Slight	722		5.5
Marked	102		0.8
Other Conditions	461		3.5
		4.039	30.8
Enlarged Cervical Glands (Non-Tubercular)		1.739	13.3
DEFECTIVE SPEECH—			
Stammer, etc.	51		0.4
Educational defects	86		0.7
		137	1.0
Dental Disease		9.090	69.3
HEART DISEASE—			
Organic	39		0.3
Functional	136		1.0
		175	1.3
Anæmia		327	2.5
LUNG DISEASE (Non-Tubercular)—			
Bronchitis	150		1.1
Other Diseases	14		0.1
		164	1.3
TUBERCULOSIS—			
Pulmonary—Definite	7		0.1
Suspected	56		0.4
		63	0.5
Non-Pulmonary		16	0.1
Disease of the Nervous System		102	0.8
Rickets		577	4.3
Deformities		1,216	9.3
Goitre		193	1.5
Other Defects and Diseases		469	3.6

TABLE VII.

TOTAL 1930 INSPECTIONS. SEPARATE DISTRICTS.

District.	Elder Children (12 & over).		8—9		3—8		Other Routine Inspections.		Children specially presented				Total.	Approximate Number Children in Average Attendance.	Percentage of Average Attendance Inspected.	Percentage of Routine Inspected 1930.	Medical Inspector.
									9—11½		Re-inspections.						
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.					
Axbridge	239	211	248	250	341	340	94	122	72	101	451	439	2,908	5,467	53.2	33.7	Dr. Hibbert, Dr. Walker, Dr. Halliday
Bath	73	63	102	93	66	87	28	22	51	39	268	183	1,075	1,651	65.1	32.3	Dr. Heslop.
Bridgwater	75	59	135	134	127	128	48	40	31	46	165	184	1,172	2,142	54.7	34.8	Dr. Hibbert
Chard	78	72	117	97	94	99	17	16	20	40	268	248	1,166	2,576	45.3	22.9	Dr. Brooks
Clutton	142	135	207	162	193	211	48	35	82	93	450	410	2,168	4,344	49.9	26.1	Dr. Lister
Dulverton	31	16	35	34	36	34	8	5	27	24	79	71	400	475	84.2	41.9	Dr. Parker
Frome	107	114	140	142	179	144	56	47	73	83	405	313	1,803	2,767	65.2	33.6	Dr. Heslop,
Keynsham	30	31	64	53	91	83	39	40	25	26	144	103	729	1,031	70.7	42.8	Dr. Heslop,
Langport	59	57	91	84	73	76	21	15	23	29	174	142	844	1,530	55.2	31.1	Dr. Brooks. Dr. Slater
Long Ashton	132	149	192	160	195	176	67	68	33	36	195	176	1,579	3,067	51.5	37.1	Dr. Hibbert. Dr. Halliday
Shepton Mallet	85	69	106	106	136	133	37	32	23	37	162	149	1,075	1,627	66.1	43.3	Dr. Hibbert, Dr. Brooks
Taunton	68	66	134	120	109	122	30	36	66	70	268	237	1,326	1,843	71.9	37.2	Dr. Parker
Wellington	61	55	116	107	100	110	24	12	56	65	277	219	1,202	1,557	77.2	37.6	Dr. Parker
Wells	81	99	169	156	178	171	33	35	25	20	186	162	1,315	2,626	50.1	35.1	Dr. Hibbert
Williton	81	79	133	109	140	106	37	21	93	61	291	305	1,456	2,041	71.3	34.6	Dr. Parker
Wincanton	113	104	144	141	182	153	35	38	28	36	293	301	1,568	1,914	81.9	47.5	Dr. Brooks. Dr. Slater
Yeovil	55	51	104	98	122	114	26	15	33	33	199	187	1,037	1,878	55.2	31.2	Dr. Brooks
Totals	1,510	1,430	2,237	2,046	2,362	2,287	648	599	761	839	4,275	3,829	22,823	38,536	59.2	34.0	